

## HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

°07 JAN 23 A11:11

479 VLD0

STATE OF HAWAII

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

		U.O.Oyy		
PART I LOBBYIST				
NAME(Last)	(First)	(Middle)	TELEPHONE	
HAMASAKI	PETER		808-531-4551	
MAILING ADDRESS (Street)		FAX		
222 SOUTH VINEYARD STR	808-533-4601			
(City)	(State)	(Zip	(Zip Code)	
HONOLULU	HAWAII	96813-	96813-2453	
EMPLOYING ORGANIZATION	(Fill in only if you are employed by a business er	ntity which has been retained to lobby)	TELEPHONE	
G.A. MORRIS, INC.			808-531-4551	
MAILING ADDRESS (Street)		The second section and the second second section is a second separate section of the second section se	FAX	
222 SOUTH VINEYARD STR	EET, SUITE 401		808/533-4601	
(City)	(State)	(Zip	(Zip Code)	
HONOLULU	HAWAII	96813	96813-2453	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE 808-529-7300	
HAWAII LIQUOR WHOLESALERS	SASSOCIATION		
MAILING ADDRESS (Street)	FAX 808-524-8293		
500 ALA MOANA BOULEVARD, 5	WATERFRONT PLAZA, SUITE 400		
(City)	(State)	(Zip Code)	
HONOLULU	HI	96813	
NAME OF PERSON RESPONSIBLE F	OR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE 808-531-4551	
MELODY BUTAY DACANAY			
MAILING ADDRESS (Street)		FAX 808-533-4601	
222 SOUTH VINEYARD STREET,			

(City)	(State)	(7in Cod	(a)		
	·	` .	(Zip Code)		
HONOLULU	HI	9681	96813-2453		
PART III DESCRIPTION	OF SUBJECTS UPON WHIC	H YOU EXPECT TO LOBBY			
[ ] Agriculture	[ ] Education	[ ] Human Services	[ ] Science, Technology & Economic Development		
[ ] Communications & Public Utilities	[X] Government Operations & Finance	[ X] Intergovernmental Relations, International Affairs	[ ] Tourism & Recreation		
[ ] Consumer Protection & Commerce	[ ] Hawaiian Affairs	[ ] Labor & Employment	[ ] Transportation		
[ ] Culture, Arts, Historic Preservation	[ ] Health	[ ] Planning, Land & Water Use Management	[X] Other: (indicate below)		
[ ] Ecology, Energy Environmental Protection	[ ] Housing	[ ] Public Safety & Corrections			
PART IV CERTIFICATIO	N OF LOBBYIST				
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.					
	(Signature of Lobbyist)		(Date)		
	(Cognitive or and Cognitive or and Cogni		(Date)		
PART V AUTHORIZATION	N TO LOBBY				
NAME		TITLE OF AUTHORIZING OFFICE	R OR PERSON REPRESENTED		
KENNETH G.K. HOO		SECRETARY FOR HAWAII LIQUOR V	VHOLESALERS ASSOCIATION		
NAME OF ORGANIZATION (if applicable)  TELEPHONE 808-529-7300					
HAWAII LIQUOR WHOLESALERS	S ASSOCIATION				
MAILING ADDRESS (Street)		FA	X 808-524-8293		
500 ALA MOANA BOULEVARD, 5	WATERFRONT PLAZA, SUITE 40				
(City)	(State) (Zip Code)				
HONOLULU	,HI 96813				
I hereby authorize the	above - named person to eng	age in lobbying activities on beh	alf of the undersigned.		
Klune			1-17-07		
(Signature of Aythorizing Officer or Person Represented) (Date)					